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Vol. XX. No. 9

THE CANADIAN NURSE

AND HOSPITAL REVIEW

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Dosage and Solutions—By C. E. Garnsey, Washington Sanitarium and Hospital Training School for Nurses, Washington, D. C. 16mo of 111 pages. Flexible binding, $1.00 net. **Published February, 1924**

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Fundamentals of Chemistry—By L. Jean Bogert, Ph.D., Lecturer in Chemistry, Henry Ford School of Nursing and Hygiene. 12mo of 350 pages, illustrated, $2.50. **June, 1924**

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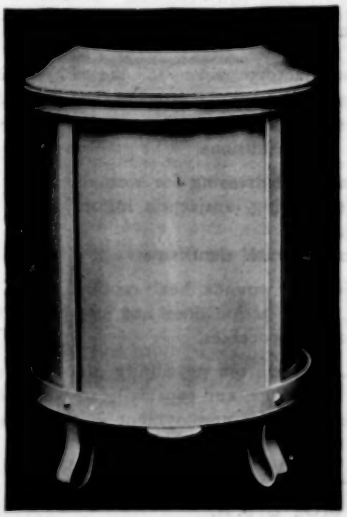

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THE

CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....**MISS HELEN RANDAL, R.N.**

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A Canadian Nurse

Canada may well be proud of her nurses; and, among them, only the highest praise is to be given to Mrs. Emma Wood Lowe, of Sarnia, Ont. Mrs. Lowe is still on the Island of Corfu, near Athens, Greece, where she is doing heroic work which has amazed the Greeks and Italians. This is the statement of C. D. Morris, of the Near East Relief Office in New York, who recently attended the Social Service Congress in Toronto:

"Canadians would hardly realize the acts of heroism that Mrs. Lowe does in Corfu," said Mr. Morris. "She has just been decorated with the Croix de Guerre with Palmes for her work during the Italian siege of the island, where she was virtually the governor. She gave all the orders from her office in the Kaiser's old home, called the Archilleon, and gathered a regular army of adherents and workers to help her.

"When the Russian and Armenian refugees were pouring into the country, Mrs. Lowe met all the boats, which were full of men and women dying from typhus and cholera. She arranged hospitals for all these people, and personally directed all the relief work in the island. To-day she has become a sort of legendary figure, and is often called the 'Idol of Greece.' When she visits Athens she is met by a deputation from the Government, who extend her the welcome of the city.

"A few days before I left Greece she was presented with the freedom of the country as a tribute for her wonderful work. I think she is the only foreign woman who has ever received this honor.

"I first met Mrs. Lowe about two years ago when she was working in Constantinople as the directress of a large hospital ship for consumptive children. Her situation at that time was not without its considerable perils, as she was located outside the city walls, at a point where she would have been almost defenceless if there had been any native uprising at any time.

"A few months ago I visited her again in her present post as directress of the children's hospital in the Kaiser's palace at Corfu. She told me of the strenuous days of the bombardment, when more than a score of the children in her hospital were seriously wounded.

"I spoke of her work to the Governor of Corfu and with many high officials of the Greek Government in Athens. They were uniformly enthusiastic; and her wedding to Colonel Lowe, which occurred immediately after the Italian bombardment of Corfu, has given a golden glamor of romance which has a characteristic appeal to the sentimental Greek people."

Hospital Day in China

Chengtu, West China,
May, 1924.

Dear Friends:

Enclosed find a description of how the hospitals in Chengtu, West China, celebrate Hospital Day.

If it is of sufficient interest for you to print in your paper, we shall be glad for you to use it.

We are sending it to "The Canadian Nurse," "The American Journal of Nursing," "The Quarterly Journal for Chinese Nurses," and the hospital management.

This is the first time that we have planned for this day, and there are many things which we hope to improve on for next year. We were very surprised to have so many come to the hospital to inspect it, as we thought they were not very interested. But we have found out that we could have inspection days often; and we believe it will help in educating the public on how to take care of their sick; besides helping them to know why we are here.

With best wishes,

Very sincerely yours,

L. GERALDINE HARTWELL,
Principal of School of Nursing.

Hospital Day, 1924—Canadian Methodist Mission Hospitals, Chengtu, West China.

In planning for Hospital Day, we decided to hold our celebrations on Saturday and Sunday, May 10th and 11th, instead of Monday, May 12th, as it was much more convenient for the general public and the students.

The three hospitals planned to hold it together—Women's, Men's, and Dental. The three hospitals are a block away from each other, the Dental being on the same street as the Men's Hospital.

The invitations were printed at the C. M. M. Press, with a Red Cross as heading. These were sent to all the mission and Government schools, to all the public offices of the military and civil administrations, to the business sections of the city, and for two days in two of the most prominent daily papers. The invitations read as follows:

To the General Public, both Men and Women:

We, the undersigned, cordially invite you to come and inspect our hospitals.

May 12th is International Hospital Day, in remembrance of Florence Nightingale, who is the founder of modern nursing. In London, England, 1860, the first School of Nursing was founded. We are holding our celebrations on Saturday and Sunday, May 10th and 11th, because it is more convenient for the public.

Inspection of hospitals, 2 p.m. to 5 p.m.

Projection lantern lecture at 7.30 p.m., for men only, in church.

Special service at the church at 11 a.m. on Sunday.

(Signed) Women's Hospital, Hsin Hung Dzi Street.
Men's Hospital, Si Shen Tsi Street.
Dental Hospital, Si Shen Tsi Street.

On Saturday at 5 p.m., after inspection of hospitals, a programme for women guests was provided by the nurses of the C.M.M. Hospital for Women and Children, in which two nurses told of the aims of the nursing profession and the benefits of a hospital to a community. Also a sketch was given by the nurses, showing the development of our profession in Szechuan and the recognition that it is gradually winning.

About one thousand women and school girls remained for the programme, which was given out on the lawn under cover.

At the Men's Hospital the doors were opened at 1.45 p.m., and a continual stream of people, of every description and every class, came in and out. As they came in a sheet of paper was given them telling about the hospital, as follows:

"Medical work was started in Chengtu by the Canadian Methodist Mission in 1894 on the present street in a small building. In 1907 the present building was started, but, because of the revolution, was not finished until 1911.

The School of Nursing was organized in 1913 by Miss McNaughton. The School of Nursing was registered in the Nurses' Association of China in 1919. Six classes of nurses have graduated, twenty students in all. There are now two graduates on the staff, Mr. Goa Chin Hwa and Mr. Yang Wen Yuan, and twenty-five students in the school. There are three foreign nurses in charge—Miss K. D. Ross, in charge of the operating-room suite and surgical nursing; Miss M. C. Denison, in charge of the medical nursing; Miss L. G. Hartwell, principal of School of Nursing.

There are six doctors in connection with the hospital—Dr. C. B. Kelly, specialist in bacteriology; Dr. C. W. Service, specialist in surgery; Dr. E. C. Wilford, specialist in surgery and X-ray; Dr. A. E. Best, specialist in internal medicine; Dr. D. C. Hwang, assistant surgeon; Dr. J. C. Humphreys, visiting physician.

Patients with all diseases (except contagious diseases) are admitted into the hospital.

The Department of Pharmacy was opened in 1912. In 1920 the West China School of Pharmacy, the Chinese Drug Research Section, the Manufacturing Section and the Sales Section were organized.

The aim of this department is to train students in modern pharmacy, and to carry on research in Chinese drugs and develop the manufacture of same into modern medicine of convenient form and accurate dosage. The staff of pharmacists at present in charge of the sections of the Department of Pharmacy consists of Mr. H. U. Pu and Mr. G. C. Gi, graduate pharmacists, and Mr. E. N. Meuser, Phm.B.

The Military Medical School came in a body of over seventy students. Several girls' schools also came in a body. The operating rooms, laboratory, X-ray department and the manufacturing department of the

drug-room were the best attractions. Samples of tooth paste were given after seeing the demonstration.

The people were excited, many having never seen a hospital or a foreign building before. They had also heard many things of what went on which were not true, but which made them anxious to see for themselves what it really was like.

Two old ladies, one with snow-white hair and one blind, came at the same time into the main hall and wouldn't go on. They said that they had never in all their lives seen such a big building so clean and airy, and they wanted just to sit down and enjoy it all, seeing the people coming and going out and going up and down stairs.

As the people left we handed them tracts on opium, personal hygiene and tuberculosis, etc.

Many asked us how often we had inspection of hospital. We replied that this was the first day we had planned this arrangement, but we were going to plan to have them oftener. We decided that this way of letting the public see the hospitals and their workings is a very good advertisement, and it enables the people to see what we are doing for them.

At 5 p.m. we turned the people away, as the patients had to have their evening meal and we had to get ready for the evening lecture. It was a hard thing to do when we were glad to have them come, and we promised them that we would open soon again.

Over Three Thousand People Visited the Hospitals

At 7.30 p.m. Drs. Service, Kelly and Best were ready with the projection lantern to give the filled church a hygiene lecture. The programme was opened with the hymn, "I would be more like Jesus," sung by twenty nurses (male) and six dental students. Dr. Service gave the lecture, while Mrs. Kelly and Best ran the lantern. A description of the skeleton, circulation, nervous system and organs and their functions were first shown. The life of the fly and the mosquito, and the mischief they do, followed by slides on gonorrhoea, syphilis and tuberculosis, were explained. The meeting lasted over an hour.

On Sunday the church was decorated beautifully, with bamboo, the emblem of the Nurses' Association of China, massed behind the pulpit. The N.A.C. colors of red and yellow were worked out in the flowers, the scrolls which hung on either side of the pulpit, and the satin ribbon which reserved the seats for the hospital staffs. The scrolls had on one "Hospital Day," and the other had "Nurses' Association of China." Flags of China completed the decorations.

The two schools of nursing, one for women and one for men, walked up the central aisle of the Church, in uniform, to the tune of "Onward, Christian Soldiers."

Report of Nursing Progress Committee

The following reports from British Columbia, Ontario and Nova Scotia were not received by the Editor from the Executive Secretary, Canadian Nurses' Association, till too late for insertion in the August issue, with the rest of the official report of the convention held in Hamilton. The Editor regrets this delay, which was unavoidable so far as this office is concerned:

Nursing Progress in British Columbia

Inspection of the training schools has been carefully carried out each year by the Registrar, Miss Randal, and shows clearly what a help such visits are to hospital boards, superintendents of schools, and to the public, bringing the education and status of the pupil to their attention. Each year there is a clearer idea of the educational side of the hospital school; that it is that and not simply a place for caring for the sick, though, of course, that is the main function of the hospital itself.

Further arrangements are under way for a travelling dietitian for some of the isolated schools, where an intensive course in this subject may be given. If this works out as we hope, other subjects taken up by travelling teachers may be arranged for later on. Through the work of inspection and the Act, schools have either arranged for affiliation, or have amended the course, equipment and other arrangements for the betterment of the students.

On the whole, educational standards in training schools of British Columbia are uniformly high and consistent.

(Sgd.) Helen Randal, R.N.,
Registrar.

Nursing Progress in Ontario

The past two years have brought reward for those of our profession who, since 1908, have been striving for the elevation of nurse education in Ontario and the recognition of graduates meeting a minimum standard.

In November, 1922, an Act respecting the registration of nurses was passed by the Legislature, and regulations relating to the Act were prescribed in November of the same year. These regulations provide for (1) the registration of former graduates and nurses-in-training at the time of coming into force of the Rules and Regulations; (2) certificate of registration; (3) penalty for unauthorized use of the title, Reg. N.; (4) the appointment of an inspector, and inspection of training schools; (5) the appointment of a secretary or registrar; (6) the drawing up of regulations for the conduct of training schools in the Province of Ontario; (7) the outlining of a curriculum for student nurses; (8) departmental examination for registration.

The regulations, unfortunately, did not provide for a council of nurse education, and it was not until after the Inspector of Training Schools was appointed in March, 1923, that an amendment to the regulations was passed, which gave a council, consisting of three nurses nominated by the Registered Nurses' Association, two physicians, with the Inspector of Hospitals and the Inspector of Training Schools as ex-officio members, with voting power. The regulations for the conduct of training schools and a minimum standard curriculum have been drawn up and are on the press. A survey of the training schools was made. Of the 90 schools in the province, 70 were personally visited. The remaining number were surveyed by questionnaire. Of the 90 schools, 69 already meet the minimum requirement for an approved school; 11 will be required to make some readjustments, and 10 will require some assistance from the Inspector of Training Schools, as well as co-operation from the larger schools in, order to meet the minimum standard.

It is interesting to note that, in anticipation of higher standards being required of the training schools under the Act, many hospitals have increased their supervising staff, enlarged the curriculum, and have sought and secured affiliation voluntarily.

Two of the most attractive rooms in the Parliament Buildings, situated in the Ministers' suite, have been given to the Inspector of Training Schools for the office of the grant. Miss Alexander M. Mumm, Reg. N., is the Inspector of Training Schools for the Province.

During the past two years the University of Toronto, through the Department of Public Health Nursing and the University Extension Department, has provided extension courses for hospital nurses, private duty nurses, and a course in dietetics for nurses.

The Western University of London has announced that the Senate of the University has sanctioned the establishment of a combined course of nursing and arts covering five years and leading to the degree of B.Sc. (Bachelor in the Science of Nursing).

(Sgd.) E. MacP. Dickson,
Convener, Nursing Progress Committee,
G.N.A.O.

Report on Nursing Progress in Nova Scotia, 1922-1924

Nursing has progressed in every way in Nova Scotia during the past years. Registration, being an accomplished fact, has given impetus to all branches of nursing.

Local Chapters have been formed in several of the counties; in one district several counties have united in forming an Association. All are doing their part in promoting a better nursing service for the Province.

The Provincial Association, which meets quarterly, is taking a very active interest in all branches of progressive work.

In Cape Breton good work is being done, associations formed, clinics established for babies, both sick and well. At "Weting Pier" (a district in Cape Breton), 30 babies attended a well-baby clinic a few weeks ago. Better babies seems to be the cry, and preventive work is fast taking its rightful place in both town and country. The Red Cross are organizing for a course in home nursing through different parts of Nova Scotia. The Province is certainly trying to take its part in nursing progress.

Halifax is far advanced in public health work. The Massachusetts-Halifax Health Centres, in both Halifax and Dartmouth, are doing big work, teaching health and prevention to large numbers, and sending out visiting housekeepers to teach food values, economy, etc.

The new health centre in connection with Dalhousie University will soon be in operation, with an out-door department for the Victoria General Hospital.

In spite of tribulations, Nova Scotia is holding on. So many industries have closed, people have left the Province, and general depression is at present responsible for slow growth in many lines, nursing included.

We have at present over 280 nurses enrolled on the register, and hope the coming year will add to the number. Private duty nurses are kept fairly busy; but it is very seldom that the demand is greater than the supply.

(Sgd.) SIBELLA A. BARRINGTON, R.N.

Judges Named for the Modern Hospital's Prize Essay Competition

Dr. Haven Emerson, Dr. Michael M. Davis, Jr., of New York, and Dr. Willard C. Rappleye, of New Haven, Conn., have been named as the committee of award of the Modern Hospital's prize essay competition on "The Inter-relationships of Hospital and Community."

Dr. Haven Emerson is Professor of Public Health and Preventable Diseases at Columbia University, New York. He was at one time Commissioner of Health of the City of New York, and during the past three or four years has made a number of community hospital and health surveys, notably in Cleveland, Ohio, San Francisco, Cal., and Louisville, Ky.

Dr. Michael M. Davis, Jr., is Executive Secretary of the Committee on Dispensary Development of the United Hospital Fund of New York.

Dr. Davis was for a number of years director of the Boston dispensary, and is the author of numerous books on hospital, dispensary and public health subjects.

Dr. Willard C. Rappleye is Superintendent of New Haven Hospital, New Haven, Conn., and Professor of Hospital Administration in the Yale University School of Medicine. He was at one time Director of Hospitals for the University of California, and later served as Executive Secretary of the Committee on Training of Hospital Executives.

This committee will meet, probably in New York, to consider the essays submitted, following the formal closing of the contest on November 1st, 1924.

Registrations for the competition will be received at the Chicago office of the Modern Hospital up to September 15th.

Further information may be obtained by addressing: The Contest Editor, The Modern Hospital, 22 East Ontario Street, Chicago, Ill.

OBSTACLES

Sometimes we wonder why obstacles
come,
They seem to put everything clear out of
plumb,
And we usually vote them a bore;
But they give one a tussle,
They harden your muscle,
And that's what an obstacle's for.

Just once in a while your train may be
late
And it always just happens upon the
wrong date;
These obstacles rouse your red gore;
But, they force you to hustle,
They limber your muscle,
And that's what an obstacle's for.

These obstacles stick very close to each
other,
When one comes along you will soon
see his brother;
If there's one there are probably four;
They sure make you hustle,
They swell out your muscle,
So you see what an obstacle's for.

—H. Robt. Braden.

Pneumothorax Treatment in Pulmonary Tuberculosis

Pneumothorax means the presence of air in the pleural space—an enclosed sac where outer wall is formed by the lining of the thorax, and the inner wall, by the covering of the lung itself—the two walls becoming directly continuous at the root of the lung. It is in this same space that the pus of empyema or fluid in pleurisy with effusion, accumulates. Normally these two walls, like the walls of an empty hot water bottle, lie closely in contact.

During the course of pulmonary tuberculosis, it occasionally happens that the disease ulcerates a small opening in the covering of the lung and air escapes from the lung into the pleural sac, forming what is called spontaneous pneumothorax. Spontaneous pneumothorax is an accident which can be easily recognized by the presence of definite symptoms and physical signs, and it was from observation of spontaneous pneumothorax that it was learned what might be accomplished by the presence of air in the pleural sac. In 1837 Stokes observed that in cases of perforation, where the opposite lung was free from disease, the accident was followed by a temporary relief of symptoms and general improvement.

The first attempts to treat the disease by inducing an artificial pneumothorax on the diseased side were made by Toussaint, in 1880, and Forlanina, in 1882, the method being introduced in America by Dr. John B. Murphy, of Chicago, in 1898.

The great essential in the treatment of tuberculosis anywhere is rest. The tubercular joint is immobilized by means of a cast. The tubercular larnyx can be rested by complete aphonia. But to produce healing in a lung which is expanding and contracting, opening and shutting like a concertina, at least twelve thousand times per day, is a difficult matter. It is like attempting to heal a cut on some movable surface, such as the knuckle. In treatment by pneumothorax we attempt to put the lung at rest by filling the pleural space with air and collapsing the lung into a firm, immobile, airless mass. In order to avoid the shock which so often follows a massive spontaneous collapse, this must be done gradually by a series of air injections spread over several weeks, and when complete collapse is obtained, refillings of gas are required at intervals to replace the gas absorbed, and maintain collapse. The rate of absorption in most cases slowly decreases as time goes on and refillings are eventually only required every three or four weeks.

As the lung collapses, pus and gaseous material are squeezed out and expectorated, the walls of cavities are brought into position and heal together, and the area from which toxins are being absorbed into the system is so reduced that tonic absorption falls to a minimum, fever and pulse rate are reduced, the appetite and general well-being are so improved that the patient takes on a new lease of life.

Since collapse of the lung when once established may advisedly be maintained from one to four years, necessitating refills of gas at regular intervals, and since there are complications, which we will later discuss, to be reckoned with, pneumothorax treatment should not be undertaken lightly or before ordinary bed rest has been given a fair trial. The type of case usually selected is one of unilateral progressive disease with fever and other signs of toxaemia. When the bad lung is collapsed the good lung must bear the added strain of extra work, and any disease present therein will be put at a disadvantage in healing. In spite of this, where there is only a very limited amount of disease in the good lung, the relief from toxaemia, which the system experiences when the bad lung is collapsed, more than compensates for the extra work which must be done, and healing actually proceeds in the functioning lung. Unfortunately pneumothorax cannot always be induced where we would most desire it, for very often the two walls of the pleural space have grown adherent as a result of pleurisy, and the space is obliterated, or in other cases, only a partial collapse of the lung can be obtained because of adhesions.

The operation is carried out under local anaesthesia with very simple apparatus, and is accompanied by little danger in experienced hands. The initial filling of gas requires most care in order to prevent laceration of the lung. Throughout the course of treatment the operator controls the amount of gas given by carefully observing from time to time the pressure of the air in the pleural cavity as recorded on a water manometer, which is an essential part of the apparatus.

There are three complications which may develope during the course of treatment. First—trouble may spring into activity in the good lung, and necessitate the re-expansion of the diseased lung. Occasionally the mediastinum or partition between the two sides of the chest shifts under pressure of the gas and may necessitate lower pressures. The most common complication—occurring in at least fifty per cent. of cases—is the development of pleurisy with effusion. Unless causing respiratory distress, fluid is usually left alone, or when aspirated is replaced by gas.

To be successful, pneumothorax treatment requires careful selection of cases and individual attention with periodical checking up by fluoroscope or X-ray. It has its limitations, but it has brought help and healing to thousands of tuberculosis cases for whom there was otherwise no relief.

—Notes from lecture by George Jeffries, M.D., London, Ont.

NOTICE
To Victorian Order of Nurses

Remember the Conference to be held at Ottawa, September 24th and 25th. A good representation is expected from each province.

E. L. SMELLIE.

Editorial

With this September, 1924, issue, the present Editor closes her work. September, 1916, was the first issue sent out by her from the Vancouver office, with a circulation of about 1,300. To-day this issue of September calls for 1,950, which includes advertising copies, exchanges, etc.

Eight strenuous years—with the usual trials of the pioneer in any line, and particularly so when there is no special plan for financing a new venture, and this was our pioneer effort with a business of our own—have been the portion of the present Editor. The Great War, with its shortage of paper, rapid increase in the cost of printing, many of our nurses overseas and their subscriptions in most cases dropped, advertising contracts broken because firms could not fill what orders they already had, and a multitude of other difficulties, marked our path for the four years and over of the War. Printers' strikes also disarranged our sequence of issues in one year, and the rapidly increasing cost of labor has been a large factor in the increasing cost of production.

Mistakes have been made by this office and the Editor, of course, as we are only human; but the magazine has always been conducted as if it had been her own personal business—and more than that, no one can do.

To those who have made the difficult path a bit easier by their letters of appreciation and by their active help, many thanks are given. To those who, since her resignation was made public, have written so kindly, she asks that by this public acknowledgment they may know how much they were appreciated. Possibly, later, personal letters may be sent thanking them.

While the work has been difficult, with the attempt to make bricks without the financial straw, there have been many pleasant memories stored up as a result of eight years' work as Editor and Business Manager. Friends all over Canada have been made through this work, and this alone has made the position worth while.

Probably now in its new home in the National Office, where the difficulties will be better known to the Executive than while in the present location, the magazine will get more help and consideration.

With good wishes to it, and to each individual subscriber, the Editor, for the last time, closes her office and this particular work.

HELEN RANDAL, R.N.,
125 Vancouver Block,
Vancouver, B. C.

Miss Scovil

With the change of Editor and place of publishing the magazine comes the close of a series of contributions from Miss Elizabeth Robinson Scovil, who for so many years in the "American Journal of Nursing," and in our own "Canadian Nurse" Magazine, has so willingly and helpfully done what she could for us, and without any remuneration.

To the Editor she has been most helpful, her contributions always to the point and what we as nurses needed to know, and, as well, she has been unique in her promptness in sending in her material. All her work had to be sent in in long-hand; but, even with this handicap, she always had it in the office in plenty of time for publication, and one never had to worry for fear it would be too late or come in at the eleventh hour. To the Editor, personally, she has always been most sympathetic, and is among those whose friendship has been formed during these difficult pioneer days of the magazine.

Letters to The Editor

Dear Editor:

Kindly allow space to tell the nurses throughout Canada what we, in Toronto, are endeavoring to do to help pioneer a "subsidiary" service.

The Home Nursing Association became an incorporated organization in 1918, and commenced to train subsidiary workers about that time. Since then our work has been built largely on the same basic principles as that of Saskatchewan and Quebec, and has been in many respects a success. Year by year, by lectures, demonstrations, practical work in our home institutions, and, finally, by examinations, we have trained and proved out a small group of women (the supply never equals the demand) who are now serving an enlightened public, assisting the medical and nursing professions to teach health and care for persons suffering from minor illnesses.

While it is true that we have had many discouragements, much criticism, and, alas! many failures (these possibly of our own making, also due to the fact that we endeavored to organize and associate with our group that "unknown quantity," the "undergraduate" and the "practical nurse"), nevertheless, we, who have been in closest touch with the work, wish to stretch hands across the continent and grasp the hand of Miss Gray and Miss Parker. Nay, more—we wish to take off our hat to Miss Parker for her record of one failure and fifty-six successes; for I know of no group of women who have had more to contend with in the past ten years than those who enlisted in this service, or who undertook to train and supervise a "subsidiary nursing service."

To all the members of the nursing profession, the question of the secondary or subsidiary nursing service must come, and your help is needed to solve the problem. These women, call them what you will, are here to stay.

Personally, I take exception to the word "attendant" as it has been used in the past; also the word "domestic" as it was used by the eminent doctor, who so aptly put all his clever contentions regarding our work and our training as he addressed us in Detroit. In the face of his assertions, I still maintain that the training of the subsidiary nurse and the supervision of her work is a part and parcel of our work, the well-organized group that has been built up to supply

humanitarian service. I am not willing to think, with Miss Parker, that Saskatchewan's needs are different from those of Montreal or New York. There will require to be differences in administration, perhaps; but the equipment of the nurse to fit the need is practically the same. As I see the subsidiary nurse, she is fundamentally a woman of intelligence, inate refinement, who has been given that degree of training that will fit her to enter any home, in any community, in order, by a living example and by precept, to teach its inmates health, while at the same time she intelligently cares for these homes and any of the inmates who suffer from minor ailments.

In my opinion, she is not, and never should become, if we are to have anything to do with her, either the slave of the idle rich or the drudge of the indigent poor. Until members of the medical and nursing professions realize this, our work with the subsidiary group is fraught with dangers. Our work with the professional group lies chiefly in educating them to a broader, more enlightened viewpoint respecting an adequate nursing service, and the scientific training of its nursing groups.

In conclusion, allow me to visualize, for our Dominion, schools of nursing affiliated with hospitals and universities, and by such I do not mean the University School of Nursing as it has been presented to us in the majority of instances as "a last word" in the evolution through which we are passing.

My vision has to do with schools of nursing in which all the training of the subsidiary group of nurses—a far cry from the "domestic" or "trained attendant"—will be given.

In the meantime, it behooves us to analyze the duty of the registered nurses to the public, to themselves, and to the subsidiary group. With this latter duty the education relation between these two nursing groups and to the public is the special business of the registered nurse and her organizations. It was told in convention, in Detroit, that "much of the work of the registered nurse is falling below standard." This is a pertinent criticism, and should be refuted if untrue, and should take a far larger place as an issue than when we mark time discussing "bobbed hair," etc.

One medical man states that our greatest need is for more Florence Nightingales, Adelaide Nuttings and Ann Gooderichs, and other remarkable women, who have set the standards and built up the traditions of the nursing profession in America. No doubt he is right; but, on the other hand, if in some way our more recent graduates could only be brought to feel how it injures the profession to have the standards of these remarkable women lowered, would it not stimulate them to greater efforts, and, after all, possibly it is as Glen Stratton Porter says "more courage of our convictions that we need."

M. A. Gibson, R.N.

Editor, "Canadian Nurse,"
125 Vancouver Block, Vancouver, B. C.

Dear Madam:

It always seems to me that the correspondents to the "Canadian Nurse" do not give us very much hospital news, or gossip. Indeed, we are fortunate to see our own hospital's name even in print.

I am sure that old graduates, like myself, would be pleased to hear more from their hospitals in this way.

Yours sincerely,

"Nineteen Seventeen."

The World's Pulse

By Elizabeth Robinson Scovil

Air Light Guides

On the airway between London and Paris there are a number of lighthouses to guide airships at night. The most picturesque is the one at Croyden; it is a tower, or pillar; one mass of brilliant, fiery light, visible from the air at a distance of many miles. These lights can pierce through fog.

Air Perils

Two airmen flying over France in a balloon were caught in an air vacuum at a height of 9,000 feet, and were unable to move for eight hours. There was almost absolutely no wind. By throwing overboard most of their equipment they were able to descend 4,000 feet, where they found an air current.

Electrically Fitted Cottages

Seventeen cottages have just been built in Sussex, England. They have their own power station, electric light, electric laundry, electric dish-washer, electric irons, electric kettles, refrigerating plant and cooking house. Nine of them have a central hot-water supply. The architect is a woman, the wife of a clergyman. The cottages are situated in a beautiful estate of fifty acres.

A Wireless Message

A message was sent from Poldlm, Cornwall, from the Argentine Minister of Agriculture, who was in England, to the Minister of War in Buenos Aires, a distance of over 6,000 miles. Marconi used his new beam wireless system of a 92-metre wave length. The message was picked up almost instantly in South America; a cable takes about six hours in transmission.

Sleeping Sickness

This disease has been causing much concern in Europe because of its increase and the number of its victims. Dr. Crofton, of University College, Dublin, states that it is an infection of the brain, caused by the influenza bacillus, and the cure is inoculation with a potent influenza vaccine. He says the cures by this treatment are the most dramatic in his experience.

An Old School

The oldest school in England is King's School, Canterbury, founded by Archbishop Theodore of Tarsus in 668, and re-established by Henry VIII. Those who love Dickens and remember David Copperfield will recall that David went there and Dr. Strong was the headmaster.

A Wonderful Clock

There is a clock at Hampton Court Palace, made in the reign of Henry VIII. (1540), which tells the hour, the day of the month, the position of the sun, the number of days since the beginning of the year, and high-water mark at London Bridge. It stopped on June 2nd, this year, and within a few hours an elderly lady died; she was the daughter of a General Cuppage, who fought at Waterloo. There is a tradition that the stopping of the clock is always followed by the death of an inmate of the palace within a few hours. No cause could be found for its stoppage, and it was set going again.

By Telephone to Australia

On June 1st Marconi telephoned by wireless from England to Australia. He said the message was conveyed clearly and distinctly. A cable had been received from Sydney saying that he was heard most distinctly. Marconi asserts that by means of his new beam it will be possible to telephone to any part of the world.

Bobbed Hair Less Popular

An English paper states that Paris is beginning to rebel against bobbed and shingled hair. Ringlets will be the fashion a few months hence; but who will restore the lost tresses that have fallen under the shears of the barber?

Rocket Airplanes

Among the secret machines which the French Government is preparing to test is a man-carrying aircraft which has neither engine nor propellor. In the hull is an apparatus which produces gas under pressure in a combustion chamber and sends it backward into the air through specially designed nozzles. The reaction will drive the rocket airplane forward at great speed.

Sea Air in Cylinders

At the Savoy Hotel, London, sea air is set free in the ballroom to renew the vitality of the dancers. Twelve large cylinders, each containing 2,000 cubic feet of compressed ozone, were filled at the seashore and brought to London.

Newfoundland's War Memorial

The war memorial unveiled at St. John's by Field Marshal Earl Haig is made of Cornish granite, surrounded by five bronze figures. It was on July 1st, 1916, that the Newfoundland troops sustained heavy losses at the opening of the Somme offensive.

The America Cup

At the request of Sir Thomas Lipton, several prominent yacht designers are preparing plans for a new America Cup challenge. Sir Thomas' last attempt to win the cup with Shamrock IV. was in 1920, and was unsuccessful.

Public Health Nursing Department

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Address public health news items to the nurse who represents your province on the Publication Committee. Miss M. E. Wilkinson, Ontario Red Cross, 410 Sherbourne Street, Toronto, Convenor.

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A Public Health Programme for the Pre-School Child

By Grant Fleming, M.C., M.B., D.P.H.

The fact that the pre-school child was selected by you as the subject for this paper is evidence, I presume, that this particular group of children is of interest to you. Also, that you have seen that the problem of including them in the general community health programme has presented certain peculiar difficulties.

This paper is written to suggest a way of meeting the need in a general way, without going into details. It is appreciated that the details of application depend upon local conditions, and must be developed by local workers to meet their community's individual problem.

In a general way we should aim to develop and extend our present health organizations to meet new problems as we see them, and as conditions allow of extension of work. It is most undesirable to keep on creating new organizations and new types of machinery. We must endeavor to keep our health programmes and organizations from becoming over-specialized, and to secure one that, while embracing essentials, is simple in type. Otherwise, we will find that one point is being over-

emphasized and another neglected. So I believe that the pre-school age group should be viewed as a part of the community and dealt with in that way.

I would also like to state here that the tendency to add special workers to our health organizations is, I believe, unnecessary. It tends to make health work unreasonably expensive, and to put it financially out of the reach of most communities. The public health physician and the public health nurse should be the general practitioners of health work. We need the specialists to teach and to advise, but not as workers. The specialist worker is apt to be one-sided, and not the all-round effective individual that the generally trained worker can be.

I say this to you, as public health nurses, because I believe that the public health nurse is capable of learning all that is needed; that she may give proper, accurate and effective health teaching in the home, the school, or the clinic. I believe this just as strongly as I do that the public health nurse should never try to supplant the medical practitioner. Her place is to teach health, demonstrating where necessary. The physician's field is to give medical care and advice. This is said with a realization that circumstances alter cases, and that in unorganized areas the public health nurse must deal with existing conditions as one deals with an emergency.

There is a very general impression that little or nothing has been done for the pre-school child by existing health organizations. Is this true, or is it one of the statements that frequent repetition has made to be accepted without much question?

What are the health needs of the pre-school child? Briefly, they are hygienic living conditions, proper food, sufficient sleep, plenty of fresh air, training in good health habits, and correction of physical defects that are interfering with the child's proper development, plus most careful safeguarding against infection.

In other words, the health needs of the pre-school child are the same as those of everyone in the community, except that special emphasis must be placed upon protection against infection. This need of special protection from infection is evident from the fact that approximately 30 per cent. of the deaths at this age group are due to the common communicable diseases and 20 per cent. to respiratory infections. Children at this age have poor powers of resistance. Many die and many are permanently damaged physically. The latter is evidenced by the fact that most acquired heart conditions develop during these years as a result of infection.

What health programme is necessary for those needs? First, to what extent does the present generally accepted health organization meet the demand

Hygienic living conditions are a responsibility of the official departments, and they are making efforts to secure such conditions. The

pre-school child will suffer or be benefited according to their success. Being closely associated with the home, the child is greatly affected by home conditions, and in his interest this work should be developed. For instance, the abolition of the privy pit removes a source of food infection through fly contamination. Since children are particularly susceptible to infection, such measures benefit them even more than adults.

Proper food for the pre-school child at once suggests safe milk. The procuring of a safe milk supply is a responsibility of the State, and the protection afforded by more wide-spread pasteurization has done a great deal for all children. The statement that every child should have at least a pint of milk a day is true, but it presumes a safe milk, not a dangerous or even a possibly dangerous supply. At the same time we think, naturally, of the safe water supply which protects all the community, including children, from any water-born infection.

As to the safeguarding from infection: Isolation of the sick, hospital care, and supervision of contacts are part of the efforts of the State to prevent the spread of infection. In this connection we have the sanatoria for tuberculosis, which remove the source of infection from the home.

So we can say that at present nearly all organized health departments are providing some programme for the pre-school child by securing hygienic living conditions, safe water and milk supplies, and by quarantine of the acute communicable diseases. To this in many places is added the supervision of child-caring institutions, control of child placing, hospital facilities for the sick child, and provision for medical and surgical treatment in regard to defects, and, in some places, dental care.

It is when we turn to the consideration of the personal hygiene of the pre-school child, and the matter of proper habits, particularly of diet, that we feel the great need. It was a similar need in regard to infants and school children that resulted in the development of the public health physician, dentist and nurse.

Let us consider, briefly, the health programmes provided for the infant and school child. For the infant, it is practically the education of the mother as to the proper care of her baby. Above all, there is stressed the why and how of breast feeding. This teaching is given in the home and well-baby clinic. For the school child, we have also essentially a programme of education—directed, however, at the child, rather than the parent. The hope is that, by teaching, proper health habits may be instilled into the child. A contact with the parents is maintained, for home support must be given to the school teaching to make the carrying out of health habits possible, particularly in regard to diet.

In places where such a health programme is in operation there is established a contact with the home, and, properly handled, such contact

may be established in any community. The attendance at well-baby clinics, and of parents at the time of their children's physical examination in school, is evidence of an intelligent and increasing interest and appreciation of the need and value of such work.

The real problem to-day, as I see it, is to develop the present medical, dental and nursing health services to cover the pre-school child as well as they do the infant and school child. The remainder of this paper will be devoted to suggesting one way that this may be attempted.

We must start with an appreciation of this fact: The pre-school child is practically dependent upon its mother. The child must, therefore, be reached through the mother.

There are two ways of reaching the mother: One is through home visiting for teaching and demonstration, the other through clinic conference.

During the period of infancy, a contact has likely been established with the mother. If this opportunity has been properly used, the mother should be ready to receive further advice, and the public health nurse should be the "health friend" of the mother, either in clinic or at home. It is true that it has been much easier to have the mother bring her infant every week to clinic than her pre-school child every six months. Is this not because we have not as yet put over to the mothers the need and value of such clinics for the pre-school child, just as she is not as yet convinced of the need for pre-natal care? This means that all contacts with the home, particularly those made through infants and school children, should be used to stress the need of health supervision for the other group, and that when they do come they must be convinced that the visit is worth while.

The most outstanding fault in the pre-school group is the establishment of bad dietetic habits. The community should provide a pasteurized milk supply, and if the child receives its proper amount of milk a great deal is done in this one thing alone. The mother must be taught the value of milk, fresh fruits and vegetables for the pre-school child. She must also have help by being told how to cook, particularly concerning vegetables.

As previously mentioned, the acute communicable diseases take a heavy toll from the pre-school group. This means that cases are not recognized early, medical care is not secured, and so in diphtheria, antitoxin is not given early, and scarlet-fever cases are not kept in bed. Mothers must be instructed in the early recognition of communicable diseases, and the need of proper care in such cases. They must know the dangers of common colds, and how they are to be avoided. They should know that vaccination prevents smallpox.

The early recognition and correction of physical defects is, of course, something that we all appreciate. An examination of any group

of pre-school children reveals many such defects. Also, we know that when children come to school they come with most of the physical defects that they will have, except those of the eye. Also, physical damage has been done to the child. Here again is need of education. The parents must know the need of correction of physical defects.

To sum up, the personal hygiene of the child depends upon the mother, who must be taught; and so the problem is, how to teach the mother.

The well-baby clinic may be developed to include the pre-school child. This allows the mother to bring them to the same centre, and to people and a place she knows. It may be found advisable to set aside certain definite days for the clinic physician to devote to the pre-school children. Unless clinics are small, their chief value is the physical examination of the child by the physician, and his advice as to diet. The nurse, at the best, is able to give only a short time to any one mother, and, in the midst of a noisy, busy clinic, her opportunity to teach is not of the best.

We have for so many years told ourselves the best place to teach is the home, that there has been a tendency to accept this without question, and place our dependence on it. I believe that theoretically it is true; but that practically, it may not be so to the extent that we believe. To briefly mention certain difficulties, there is the time taken in transportation, the fatigue of the visitor, and the fact that people are so often not at home, or have visitors, or are just going out. The visit may be interrupted, or may be unwelcome at the time made. I believe that only a small percentage of the time is spent to advantage.

What home visits are worth while? They are the visits when the first baby is expected, or when the young mother is looking for help, when a case of tuberculosis has frightened the family and they are looking for advice, or when there is sickness of any kind. These visits are worth while, indeed, because they are made for a definite object to people who want such a visit; but are the general indefinite visits of sufficient value to justify the expense and the results? That is what we must decide. In certain areas, with certain workers, the answer is yes; but I feel, in the majority of cases, the answer is no. We must always remember that there are only so many workers, and so many hours of work, and they must be spent to the best advantage.

What, then, is to be offered in their place? I am much impressed with the value and practicability of group conferences. Under such circumstances you have a group that come for a purpose, with a certain time set aside for it, not subject to interruption. From observation and experience, I am sure that certain teaching can be put over to small groups in a series of conferences much better, and with less wear on the workers, than visiting in the home. It is essential that pre-school clinics exist for physical examination, and medical advice as to diet. On the

other hand, you have a group of twenty mothers for one hour a week for twelve weeks; you give 240 hours' instruction, using but twelve hours of the teacher's time. Could you do as well in twelve hours of home visiting? Such conferences must be followed up by home demonstrations when needed, such as the preparation of feedings. These should be at a time arranged with the mother.

One appreciates the fact that in certain areas the public health nurse is the friend and confidant of the family, and that is a happy position, indeed; but it takes time to listen to all the family problems, and has the public health nurse time to listen?

Certain types of work depend almost entirely on home visiting. I believe pre-natal instruction should be individual, not in a group. The mother must be visited before she is up and about after confinement, if she is to be properly instructed in breast feeding. It is the general visiting that I think we should consider as to its cost and value, and also as to whether or not properly organized group instruction could not replace it with advantage, to a great extent. This applies particularly to the pre-school group.

As I see it, the public health programme for the pre-school child is this:

Community Hygiene—
- Better living conditions;
- Pure water and safe milk;
- Quarantine of infectious diseases.

Personal Hygiene—
- Education of the mother;
- Home visiting;
- Group instruction.

Health Clinic—
- For physical examination.

It is hardly necessary to add that the proper education of the future mothers in school is the real foundation upon which to build the health structure of the next generation.

Notes on Nursing in Christiania

By Carl Schiots, M.D.

All school children are examined by a doctor on arrival at the communal schools, without regard to which class they belong to, and not taking into consideration if they begin in the first class or if, for example, they come from the country to the middle class school or to the college.

Every year, in March, all the boys and girls are measured and weighed (completely stripped). This is done by the school nurses and

teachers. The results are examined at the office of the chief doctor; according to the results, a certain number of the children are referred again to school nurses to be examined more thoroughly (if necessary, the nurses then send them on to the doctor). A very small number is directly referred by the teacher to the school doctor.

All children going to the hospital camp have to be measured and weighed before and after the holidays.

The pupils in the higher classes (secondary schools, middle schools and colleges) have the right to examination in connection with their choice of profession. Last year there were examined 22 per cent. from the college and 43 per cent. from the secondary schools.

The school nurses examine twice a year all the pupils of the elementary schools (regarding lice). The nurses communicate with the family; and if the condition is not improved, the children are treated in the schools. The percentage thus infected has decreased from 9.5 per cent. in 1920 to 6 per cent. in 1922.

An eye specialist examines all the pupils of the third class of the elementary school. An ear, nose and throat specialist examines all the pupils of the second class, and also those who are to pass to special schools, where a psychiatrist examines all children regularly. The school doctor always refers the children to private doctors when treatment other than cleansing for lice is necessary; the private doctor thus eventually takes charge of clinical treatment. The school doctor, through the nurse, supervises the treatment.

School Health Card

Filled in at the examination upon the pupil's entry in school.

A space is left for later observations and remarks (intended specially for pupils who, on entering the school or at periodical examination, need regular supervision). The more serious diseases and their possible consequences are also noted during the school term, more especially pleurisy, bronchitis, tuberculosis of the bones and joints, scrofula, rheumatic fever, erysipelas, diseases causing weakness of sight and hearing.

School Health Organization

Pupils definitely finishing their school work, or leaving school to pass to other schools, have the right of free examination by school doctor.

The school doctor will, in conference with the school teacher, after having made the examination, express his opinion if the pupil's health and maturity permit him to begin the work intended.

The pupils are requested to profit by this opportunity. Experience proves that physical defects can be detected and diseases can be traced, hitherto not noticed, which need special treatment.

Report of the Public Health Section of the Canadian National Association of Trained Nurses Hamilton, Ont., June 24th, 1924

Miss Florence Emory, Chairman of the Public Health Section, presided at the meeting of the Section held at the Royal Connaught Hotel, Hamilton, on Tuesday morning, June 24th, 1924.

It was moved by Miss Jamieson, seconded by Miss Reid, that the Minutes of the last Annual Meeting be taken as read. Carried.

Following a short address by the Chairman, the Secretary presented her report. It was moved by Miss Mackay, seconded by Miss Smith, that the report be adopted. Carried.

Moved by Miss Smith, seconded by Miss Wilkinson, and carried, that Miss Jamieson, Miss Meiklejohn, Miss Breeze and Miss Clarke be appointed as members of the Nomination Committee.

Moved by Miss Simpson, seconded by Miss Meiklejohn, and carried, that Miss Wilson, Miss Moore and Miss Cryderman be appointed members of the Resolutions Committee.

A letter was read from Miss Charlotte Whitton, Honorary Secretary of the Child Welfare Council of Canada, asking for a report of the Activities of Public Health Nursing in Canada for the last two years. It was moved by Miss E. Wilson, seconded by Miss Clarke, that Miss Whitton's request be granted. Carried.

A letter from the Executive Secretary of the C.N.A.T.N. stated that the Associate Editor of "The Nation's Health" had requested that a similar report be sent to her. Moved by Miss Seaman, seconded by Miss Forbes, that this request be granted also. Carried.

A letter to Miss Jean Wilson, Executive Secretary of the C.N.A.T.N., which had been referred to the Public Health Section from the Executive of the C.N.A.T.N., was read. In this letter Miss Tittman, Vocational Secretary of the National Organization of Public Health Nursing in the United States, requested that a regional representative be appointed by the C.N.A.T.N. to act on an Advisory Committee to the Vocational Department of the N.O.P.H.N.

Moved by Miss Breeze, seconded by Miss Meiklejohn, that the Public Health Section recommend to the Executive of the C.N.A.T.N. that such a representative be appointed, and that Miss Jean Wilson, Executive Secretary, act as representative. Carried.

The Secretary read a very comprehensive report on Public Health Nursing progress during the last two years, compiled from the provincial reports submitted by the conveners of the various Public Health committees. In the absence of a report from Prince Edward Island, at the

request of the Chairman, Miss Jean Browne spoke of the splendid work being carried on in the schools, and of the formation of clubs so that it might be possible for the children to carry on their own activities.

Moved by Miss McKay, seconded by Miss Moore, that these several reports be adopted. Carried.

Dr. Grant Fleming, Deputy Medical Officer of Health of Toronto, gave a very splendid paper on "A Public Health Programme for the Pre-School Child." The health needs of the pre-school child were, he stated, hygienic living conditions, proper food, sufficient sleep, plenty of fresh air, training in good health habits, and correction of physical defects which interfered with the child's development, plus careful safeguarding against infections. A safe milk supply was the responsibility of the State, and the pasteurization of milk had done a great deal for the child. The health of the pre-school child is dependent upon its mother; and the best way of reaching the mother is either by home visiting, for teaching and demonstration, or through the clinic. In concluding, Dr. Fleming stated that the proper education of the future mothers in the schools was the real foundation upon which to build the health structure of the next generation.

Moved by Miss Browne, seconded by Miss Moag, that a very hearty vote of thanks be extended to Dr. Fleming. (Applause.)

Miss E. Wilson, Manitoba, in the absence of Miss Wells, read the report of the Programme Committee, which was adopted, on motion of Miss E. Wilson, seconded by Miss Meiklejohn.

Miss Wilkinson reported in reference to the Committee on Publication, and moved the adoption of the report, seconded by Miss Fenton. Carried.

The report of the Committee on Education, in the absence of Miss K. Cowan, was read by Miss Meiklejohn. This report included a summary of provincial reports on Minimum Standards for Public Health Nursing Courses in Canada. On motion of Miss Meiklejohn, seconded by Miss Simpson, the report was adopted.

Moved by Miss E. Wilson, seconded by Miss Meiklejohn, that a copy of the report be sent to the Directors of Public Health Nursing Courses in Canada, and to the Canadian Association of Nursing Education. Carried.

The Chairman reported that a grant from the National Treasury of $150.00 yearly, for the next two years, had been asked for by the Executive of the Section. The request had been considered by the Executive Committee of the C.N.A., and will come before the meeting of the entire Association at one of its sessions.

In the suggested change of by-laws, it was moved by Miss Simpson, seconded by Miss Clark, that the clause in reference to officers read as

follows: "The officers of the Section shall be a Chairman, Vice-Chairman, and Secretary-Treasurer, elected at the biennial meeting. Should an officer resign in the interval between biennial meetings, the Council shall be empowered to appoint an officer to take her place until the election of her successor at the next regular meeting of the Association." Carried.

Referring to the Council, a motion was made by Miss Meiklejohn, seconded by Miss Jamieson, and adopted, that the by-laws be changed to read as follows: "The Council shall consist of one member elected by each Provincial Executive, such member to be a nurse actively engaged in Public Health work, or the training of Public Health Nurses."

Dr. Roberts, Public Health Officer of Hamilton, then addressed the gathering.

Our intensive efforts, he stated, must be focused on the school child, so that we may have a healthy population in this country. In order to do this the child must be reached before the age of six years; any abnormality must be discovered and corrected, if possible. The development of a correct and sane attitude towards the question of the preschool child necessarily means the development of public health organizations.

The Chairman, on behalf of all present, voiced her appreciation of Dr. Roberts' remarks.

Moved by Miss Simpson, seconded by Miss Wilkinson, that Miss Elsie Wilson, of Winnipeg, be convener of the Publication Committee. Carried.

Moved by Miss Jamieson, seconded by Miss McDonald, that Miss K. Russell, Director, Department of Public Health Nursing of the University of Toronto, be convener of the Committee on Education. Carried.

Moved by Miss Clark, seconded by Miss Moore, that Miss Hall, Assistant Superintendent of the Victorian Order of Nurses for Canada, be appointed convener of the Membership Committee. Carried.

It was moved by Miss Jamieson, seconded by Miss Reid, that Miss Wells, of Winnipeg, Manitoba, be appointed convener of a Library Committee. It would be the duty of such committee to form plans for the establishing of the nucleus of a Public Health Library at National Headquarters in Winnipeg, and to report to the Executive of the Section concerning such plans. Carried.

Moved by Miss Meiklejohn, seconded by Miss Mackenzie, that Miss Smith and Miss Wilkinson be scrutineers for the election of officers. Carried.

The Chairman asked Miss Browne, President of the C.N.A.T.N., to take the chair, after which Miss Jamieson read the report of the Nominating Committee—Miss Emory, Chairman; Miss Breeze, Vice-Chairman; Miss Mackay, Secretary.

Miss Jamieson, seconded by Miss Wilkinson, moved the adoption of this report, which carried unanimously.

Following considerable discussion, it was moved by Miss Jamieson, seconded by Miss E. Wilson, that Miss Breeze, Miss Mackenzie and Miss Simpson form a committee to consider suggestions which might be made to the Federations of Home and School Councils in the several provinces in reference to home and school activities, which would very directly assist in the development of Public Health work. Carried.

Moved by Miss Moore that the meeting adjourn.

QUEBEC

Montreal

At the request of the Private Duty and Public Health Nursing Sections of the Association of Registered Nurses of the Province of Quebec, the School for Graduate Nurses, McGill University, arranged two Institutes in May. The first, for private duty nurses, was held from May 5th to 10th. Thirty nurses registered. The following courses were given:

Private Duty Nursing.—Five lectures. Miss Samuel, Miss Shaw.

Psychology and Mental Hygiene.—Five lectures. Dr. Best, three; Dr. Mundie, two.

Nutrition and Special Diets.—Three lectures. Miss Perry, Montreal General Hospital.

General and Communicable Diseases.—Five lectures. Dr. Cushing, one lecture and one clinic; Dr. Byers, three lectures, two T.B.

Obstetrical Nursing.—Three lectures. Dr. Goodall.

In addition, there were two demonstrations—one at the Royal Victoria Hospital and one at the Montreal General Hospital.

The second Institute for nurses engaged in Public Health Nursing, or who had either had experience or a course in Public Health Nursing, was held from May 5th to 23rd. Fourteen nurses registered for full course and twelve for certain lectures. Lectures were given as follows:

Public Health Nursing.—Ten lectures or round-tables. Miss Callard, Supervisor of the Child Welfare Association, Montreal; Miss Hall, Assistant to the Chief, Victorian Order of Nurses. Fundamental Principles, Generalized Work, Child Welfare, Rural Nursing, and School Nursing.

Social Case Work.—Ten lectures or round-tables. Miss May Reid. Principles and Methods, The Nurse and the Social Work, Special Problems.

Mental Hygiene.—Four lectures. Dr. Mundie.

Nutrition.—Four lectures. Miss Perry, Montreal General Hospital.

Tuberculosis.—Five lectures. Dr. Byers.

Psychology.—Five lectures. Dr. Best.

One morning was spent in observing the work of the Child Welfare Association Health Centres, and an excursion was made to St. Jean de Dieu, the wonderful hospital for mental cases, under the care of the Sisters of Providence.

Much appreciation of the lectures given was expressed by the nurses attending both Institutes.

Miss Marian Nash, V.O.N., Montreal, is attending some of the meetings of the conference in Toronto.

Seven of the students, in completing the course in Public Health Nursing at McGill University, have taken their practical work in the Montreal branch of the V.O.N.

Miss M. Wade and Miss M. MacLeod, of the Montreal branch of the V.O.N., have been given leave of absence to attend the summer course in Public Health at Teachers College, Columbia University, New York.

Since "Communicable Disease Nursing" has been added to the type of work carried on by the V.O.N., two nurses have been kept constantly busy, thus demonstrating the need of such a branch of this nursing service.

Miss V. M. Macdonald, Director of the Child Welfare Association, Montreal, has resigned her position, to go abroad for a much-needed rest. Miss Muriel A. Martin, formerly of the Department of Health, Toronto, has been appointed in her place.

IN A WARD

O wind that tosses free,
The children's hair
Scatters the blossom of
Apple and pear;
Blow in my heart, touch me
Gladden me here.

You have seen so many things,—
Blow in and tell
Tales of white sand and golden
'Gainst the sea swell,
Bring me fine meadow-thoughts,
Fresh orchard smell.

Here we must stare through glass
To see the sun—
Stare at white ceilings white
'Till the day is done;
While you, sunshine, starshine,
May out and run.

Blow in and bring us all
Dear home delight
Green face of the spring earth,
Blue of deep night.
Blot with your health our faces
From each other's sight.

IVOR GURNEY.

Pupil Nurses' Department

Co-operation from the Standpoint of the Pupil Nurse

When we pause to consider the subject, we are bound to come to the conclusion that the world's greatness, the success and achievements of mankind have been brought about very largely by co-operation.

The word itself means "working along with," or "together with," and hence involves two or more units; and a unit may mean an organized company or a single individual. The children in the home grow up in an atmosphere of co-operation. Everyone "helps" mother and father, whether it be big sister washing dishes, or little brother doing odd "chores"—yet the spirit is that of co-operation.

Then in the school-room pupil and teacher co-operate with academic problems; the same spirit among the pupils determines whether the school is a live, enterprising institution or not. That love for "Alma Mater" found in the heart of every school boy and girl is primarily an ambition to keep in the foreground of prominence the name of his or her school, and, by honest work and united effort, make it an institution of which to be proud.

Again in the world of business, co-operation figures prominently. Here we have companies formed to carry on business—a far more efficient system than an individual scheme would be. And on the strength of the co-operation depends, to a great extent, the success or failure of a business enterprise. If one member of a firm fails to co-operate with the others, if his transactions are at cross purposes with his co-workers, then failure must follow.

In the world of science and invention we see again the application. How minutely planned is the mechanism of every device which man's brain has produced from time immemorial! Let one factor in the unit of machinery fail to do its part—and the whole device is crippled, its efficiency impaired. A broken wire, and a city may be plunged into darkness; a missing bolt or screw, and the engine fails to generate power.

Turning to the world of music, how can the piano produce sounds in harmony if every string does not sound in perfect tune? And would not the grandeur of a poem be lost unless every line led on to the main theme?

So we might go on and on to endless illustration in every field of man's activity. However, it seems to me that in no institutional sphere can co-operation be deemed so indispensable to success as in a hospital training school. It is the mainspring by which the wheels of efficiency turn; and when it is lacking, a school cannot produce efficient nurses;

nor would we be happy in an atmosphere of individual schemes and resulting confusion. The very fact that every step in our training has been carefully planned, and every phase of it leads on to another, making at the end a finished course—this fact makes our three years speed round smoothly and happily; and when we look back, as we often do, on one year's work, we realize with what care the planning has been done so that every nurse in turn has had her chance to learn and do.

This brings out the co-operation that the probationer may first accomplish, namely, a co-relating of theory with practice; putting at once into actual practice on the ward what she has just learned in the class-room. This implies faithful and conscientious application from the first day she approaches table and chair, carrying her basin with soap and bon ami, until the last day of her training, and even after that, in whatever field of nursing she may choose. And the pupil can make many opportunities for herself in this sphere. I have never yet found a nurse in charge of a ward who is unwilling to grant, or even make, the opportunity for us to do some special task that is new work—something we had not yet accomplished. This is ideal co-operation of head nurse with pupil nurse, and the value of it to us as pupil nurses cannot be over-estimated; nor can our appreciation be exaggerated. It is one of the real joys of our training.

Important, also, is the co-operation between pupil nurses working on the same ward. Perhaps a certain treatment, possibly rather an unusual one, not often encountered, is ordered to be done daily. The same treatment nurse may do it with routine care and practiced speed day after day; or she may, with the permission of the nurse-in-charge, allow some of her juniors to do it under supervision, thus giving them valued experience. It may be that a word from the junior, signifying her willingness to attempt it, is all that is needed. Such co-operation tends to raise the standard of efficiency of a training school; for when that junior has become a senior, she herself may be called upon, perhaps in an emergency, to perform the same treatment, and, having done it before, is able to accomplish it with more speed and greater confidence.

Of paramount importance in the training school, of course, is the co-operation of pupil nurses with the doctors and all those in authority. This implies prompt obedience of the former to all orders, and conscientious attention to detail in the carrying out of them. We all know, or soon learn to know, that certain doctors like things done in certain ways, and every pupil nurse should try to be as considerate of these preferences as she possibly can. This co-operation means a great deal to the physician or surgeon; and we may depend upon it that he notices both its presence or omission, though he may say not a word in either case. However, in nine cases out of ten he does say the word; and if it be one of appreciation, every pupil who has ever earned it knows how worth while it makes the effort.

We must not forget that there can be, also, a certain co-operation of nurses with patients. We can do much to increase their happiness by noting and remembering little likes and dislikes, fancies and aversions; and by using tact and perseverance we gain their co-operation as well, which is invaluable.

Then there is our co-operation with our Students' Council, and carrying out of the rules and regulations of the training school. If there are difficulties or suggestions the pupil nurse wishes to bring before the Council, she has opportunity to do so at the mass meetings; or she may talk over her troubles with her class representative, and it will be given consideration at the next meeting. In this way the Council, in its turn, works with us and for us.

Much can be said on the importance of co-operation between nurses and hospital help. Here we find a chance for those qualities so essential in a good nurse—courtesy, tact, consideration—to find expression, to grow and develop. And the atmosphere about the ward, instead of being one of undercurrent friction and undeclared war, shall be one of harmony and altruism. Door-knobs will be polished until they shine again; garbage-tins will never overflow; kitchen floors and cupboards will always be immaculate, and pupil nurses will not leave unwashed dishes in the sink! This sounds like a description of ward "Arcadia," but is really practical. I have seen it worked out on more than one ward; and it always means that meals are served without confusion, and the ward, as a whole, is happier and better satisfied.

We all want to do honor to the training school to which we belong; and I truly believe that in no better way can it be done than by team-work—co-operation—working together in the great field of service with all those others who think, as we do, that ours is the only work in the world.

PUPIL NURSE,
Vancouver General Hospital.

The House by the Side of the Road

Hard by the highway, on the banks of the Chateauguay River, there stands a very gracious little house, white pillared and broad verandahed; with wide lawns stretching into an old-fashioned garden, it presents to the wayfarer a very welcoming aspect. Great spreading trees live in that garden and throw kindly shade over the green, while shafts of sunlight break through the leaves and play about the flowers. Veritably, a haunt for fairies and little folk!

Inside the open door, and the ownership of the little house is no longer in question. It is essentially the children's Castle.

Six white cots in a row in the first bedroom, through whose wide,

white-curtained windows comes the scent of sweet clover and the humming of bees. Back of this is a sunroom, with long white tables and many little mugs and spoons.

A comfortable sitting-room across the hall serves as an office, and possibly a hospital for the removal of splinters and the binding up of childish hurts.

Up the wide stairs, and one finds four more bedrooms, all sunny and airy, with "Puss in Boots" and "Jack the Giant Killer" climbing up the swaying curtains. The little heart cases are here—none of them very sick, for hospital days are behind them and now they are getting well.

Out on the verandah two little boys with broken legs are lying comfortably propped up with pillows, and enjoying the antics of the other children on the lawn.

All are convalescent patients from the city hospitals, laying a firmer foundation of health for the days to come.

The little house carries by its door the following inscription:

This House Is Dedicated
By His Parents
To the Memory of
JULIUS J. G. RICHARDSON,
Who Laid Down His Life in the Great War,
June 7th, 1916;
And to
The Helping of Those Who May
Need Its Ministrations in the
Days to Come.
1918.

From 1918 to 1923, as was fitting, it served as a convalescent home for the wounded soldiers. When the need for that no longer existed, it was given over to help those little sufferers back to health who leave the wards of city hospitals with no hope of the country before them. The length of their stay is according to the greatness of their need—from six weeks to three months; and its value to the kiddies, morally as well as physically, can hardly be estimated. To be one of a family of twenty-five, under kindly and wise guidance, is an ideal holiday, and must tend to make one and all unselfish.

The maintenance of the children and those who take care of them has been supplied largely by the Jokatira Club, the Julius J. G. Richardson Chapter, I.O.D.E., and private subscriptions. It is a work the value of which can perhaps be best appreciated by those who have worked in hospitals and among children, and have known the sadness of discharging a small patient, to attempt convalescence in one of the crowded sections of a big city.

B. EASTMURE.

Canadian Army Medical Nursing Service Department

A most enjoyable picnic was held on Wednesday, July 16th, at Second Beach, Stanley Park, Vancouver, B. C. Owing to weather conditions, supper was served in the Stanley Park Pavilion, after which a programme of sports was held.

Nursing Sister S. Ferguson, who is now living in San Diego, Cal., is visiting her sister in Vancouver.

Nursing Sister Pat Stewart has come up from San Francisco to make her home in Vancouver with her mother.

Nursing Sister Helen Stewart has returned from San Francisco, and will remain in Vancouver.

Nursing Sister H. Rice has also returned to Vancouver from San Francisco, where she has been doing private duty nursing for the past two years.

The many friends of Nursing Sister Billy McNair, of Shaughnessy Military Hospital staff, will be sorry to hear that she has been ill for the past three months.

Sympathy is extended to Mrs. E. A. Bell (Galeen) in the death of her mother recently in London, Ont.

Getting out a paper is no picnic.
If we print jokes, people say we are silly.
If we don't, they say we are too serious.
If we publish things from other papers,
We are too lazy to write.
If we stay on the job,
We ought to be out rustling news.
If we are out rustling news,
We are not attending to business in our department.
If we don't print contributions, we don't show proper appreciation.
If we do print them,
The paper is filled with junk.
Like as not some fellow will say we swiped this from an exchange.
So we did.

Hospitals and Nurses

QUEBEC

Royal Victoria Hospital, Montreal

Misses Frances Macmillan and Bertha McGillivray (1923) have accepted the positions of Superintendent and Assistant Superintendent of Nurses at the Methodist Episcopal Hospital, Indianapolis, Ind.

Miss Bessie Fisher (1900), of Pasadena, Cal., has been a recent visitor in Montreal.

Misses Constance Brewster and Olive Zuick (1924) will take post-graduate courses this year at the School for Graduate Nurses, McGill University.

The annual tennis tournament between the nurses of the R.V.H. and the Montreal General Hospital for the Haywood Cup is being held this month.

Due to the generosity of the President of the Board of Governors of the R.V.H., who has had a six-hole golf course laid out on the hospital grounds, golf is becoming a very popular game among the nurses.

* * * *

ONTARIO

Women's College Hospital, Toronto

The graduating exercises of the Women's College Hospital took place on May 22nd at the Dovercourt Road Presbyterian Church. The speaker of the evening was Dr. McMurkey, Mrs. Rutherford presenting the pins and diplomas to the graduates. Miss B. Stillman received the Alumnae scholarship; Miss M. Scott, General Proficiency scholarship given by Mrs. M. and H. Reid; Miss K. McKinnon, scholarship for Public Health given by the Hospital Board; Miss M. Stevens, the R. B. Hamilton pin; Miss F. Smith, prize for Obstetrics; Miss E. Clark, prize for highest academic standing; Miss G. Hodgson, prize for operating technique.

A banquet for the graduates of 1924 was given by the Alumnae Association at the Carle Ritz Hotel on the evening of May 28th. Miss M. Stevens read the class history and Miss W. Worth the class prophecy. Both were very interesting. During the evening folk dancing by a class of small children was very much enjoyed by all, Mrs. Best presiding at the piano.

Hospital for Sick Children, Toronto

The graduation exercises of the Hospital for Sick Children took place in Hart House Theatre, Toronto University, on June 18th. The report of the Training School was given by the Superintendent, Miss Panton, and Dr. C. L. Starr gave the address to the graduating class, which numbered twenty-two. A great number of the Alumnae, in their white uniforms, joined the procession of graduates which wended their way from the hospital to the university grounds, among them being Miss Hamilton, the first graduate of the hospital

The scholarship awards were as follows: To pursue a post-graduate course at McGill University—Miss Eva Mae Williams, Miss Olga Ulrichsen. For proficiency in the operating room—Miss Gertrude Isabelle Darragh. Prize for general proficiency—Miss Alberta Carson, Toronto; Miss Dorothy Emery, Ottawa.

The class of 1924 is as follows: Miss Darragh, Miss Ethel Fyckes, Miss Jessie Gibson, Miss Mary Leslie, Miss Luno, Miss Lorraine Morrison, Miss Helen McLaren, Miss Sylvia Phillips, Miss Barbara Spence, Miss Eva Williams, Miss Rhona Allely, Miss Charlotte Benson, Miss Jean Griffin, Miss Doris Hammond, Miss Doris Haldenby, Miss Marie Harvie, Miss Marjorie Jenkins, Miss Mary Martin, Miss Harriet McGeary, Miss Adelaide Ross, Miss Mary Shuttleworth, Miss Olga Ulrichsen.

The garden party, which is given every year by the Alumnae Association, was held in the beautiful grounds of the Lakeside Hospital, Toronto Island, on Saturday, June 21st. The guests were received by the new President of the Alumnae,

Mrs. Storey (Marion Starr, class 1916), and tea was poured by Mrs. Rogers (Alice Barnes, class 1914). A delightful time was spent by everyone, renewing old class friendships.

Word has come from London, England, of the musical success of Miss Marion Ruddick (class 1915, Hospital for Sick Children), who has won the violin prize presented by Ysaye at the London School of Music. After demobilizing from the C.E.F., Miss Ruddick spent some time with the Serbian Relief, and since then has been studying the violin in London.

Bellville General Hospital

The graduation exercises of the Belleville General Hospital took place June 10th, when eleven nurses obtained their pins and diplomas. The proceedings took place on the hospital lawn, which looked very lovely in the moonlight. Mrs. Mikel, president of the Women's Christian Association, which organization has carried on the administration of the hospital for thirty-eight years, presented the pins, and Mr. R. Tannahill the diplomas, while the Nightingale Pledge was given to the students by the Rev. Mr. Malott. The R.N. certificates were also given by Mr. Ireland. Miss Fitzgerald obtained the prize for general proficiency, and the prize for highest marks went to Miss Elliott; practical work in obstetrics prize to Miss Hull; prize for marks in anatomy and physiology, Miss Elliott; marks in materia medica, Miss Goodwin; marks in obstetrics and gynecology, Misses Baker and Elliott, who tied for the honor; for O.R. technique, Miss Cockburn; marks in practical nursing, Miss Burley.

The names of the graduating nurses are: Miss Florence A. Fitzgerald, Miss S. M. Cockburn, Miss Sadie Brockbank, Miss Orpha L. Babcock, Miss Mary A. Burley, Miss Kathleen Baker, Miss W. A. V. Elliott, Miss E. C. V. Hull, Miss Bertha J. Goodwin, Miss E. M. Cronk, Miss Elizabeth Soutar.

Ottawa General Hospital

The graduation exercises of the Ottawa General Hospital were held in Notre Dame Hall, May 20th, 1924. Two sisters and sixteen nurses received their diplomas. Short addresses were given by His Grace Archbishop Emard and Dr. J. L. Chabot. The following are names of those who graduated: Rev. Sister Madeleine de Jesus, Haverhill, Mass.; Rev. Sister Marie Alexandre, Lowell, Mass.; Misses Irene Leniham, Bell's Corner, Ont.; Germaine Boyer, Ottawa; Kathleen Devlin, Carleton Place, Ont.; Irene Rogers, Ottawa; Winnifred Cox, Ottawa; Anna Redmond, Hyndford; Laurette Lauzan, Ottawa; Germain Laundry, Ottawa; Helen Burke, Aylmer E., P.Q.; Constance McLaren, Perth, Ont.; Annette Quesnel, Sault Ste. Marie, P.Q.; Eliza Chartrand, N. D. de LaSatelle, Que.; Gertrude Coyne, Eganville, Ont.; Mary Jane Butler, Chapeau, P.Q.; Cecelia Brennan, Beechgrove, Que.; Elizabeth Larkin, Manotick Station, Ont.

Misses Kathleen Bayley (1922) and Penninah Carruthers (1923) have taken positions in New York hospitals.

Miss Gertrude Evans and Miss Florence Nevins, of the O.G.H., attended the convention of the G.N.A.O. held in Windsor, April 24th and 25th, 1924.

Hamilton General Hospital

Miss May Brennan, who has been for fourteen years the very efficient and much loved Supervisor of the H.G.H. operating rooms, has recently been the guest of honor at numerous social affairs, in view of her marriage this fall to Mr. Vincent Reddie, of Winnipeg. Prior to leaving, she was presented with a silver tea service by the Alumnae Association, coffee percolator by the pupil nurses, silver toilet articles by the supervisors, silver meat platter by the Board of Governors, sterling silver flatware by the medical staff, and four silver candlesticks by other members of the staff.

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MANITOBA

Brandon

Miss Saville, of the public health nursing staff of the city, who is shortly to be married, was the guest of honor recently at the home of Mrs. Robert Darrach, who entertained her and other members of the Brandon G.N.A. at a miscellaneous shower. Miss Saville was the recipient of a number of charming gifts, which were concealed in the "wedding cake." She will be much missed in Brandon, both in connection with her work and in the social activities.

SASKATCHEWAN

Maple Creek

The graduation exercises of the Maple Creek General Hospital took place July 15th, when Miss Mayne Beach and Miss Irene Stewart received their diplomas. The exercises took place on the hospital lawn. The Nightingale Pledge was administered by the Rev. F. R. Hilliary, and the medals and diplomas by Mrs. D. Kearns and Mrs. A. Coswell. Following the conclusion of the formal part of the programme, a very pleasant dance was held for the nurses and their friends.

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BRITISH COLUMBIA

St. Joseph's Hospital, Victoria.

The fifth annual meeting of St. Joseph's Alumnae Society, Victoria, was held in the recreation room of the hospital on May 18th, 1924. Reports were read showing a very successful year. The following officers were elected: Honorary Presidents, Rev. Mother Bridget, Rev. Sister Mary Mark, Rev. Sister Mary Anna; President, Miss Janet McEwan; Corresponding Secretary, Miss Doris Taylor; Treasurer, Miss Kathleen Fraser; Representative to Canadian Nurse, Miss Bessie Graham.

After the business meeting a delicious supper was served by the Sisters, followed by a social evening.

Prior to the business meeting a luncheon was served in the private dining-room at the Hudson's Bay, after which Miss Morrison, President of the Graduate Nurses' Association, addressed the members.

The Misses McEwan (St. Joseph's Hospital) have opened a private nursing home in their spacious residence, 2664 Blanchard Street. A delightful "At Home" was held recently; over 150 people visited during the afternoon.

Miss Illace Gardiner (St. Joseph's Hospital, 1923) has gone to St. Mary's Hospital, Rochester, to take a post-graduate course in surgery.

Miss Kathleen Fraser (St. Joseph's Hospital, 1923) has been relieving at Campbell River.

Miss Birdie Service (St. Joseph's Hospital, 1923), Miss Margaret Redford (St. Joseph's Hospital, 1923), and Miss Irene Smart (St. Joseph's Hospital, 1923) are on the staff of the Cumberland Hospital.

Miss M. Sangster (St. Joseph's Hospital, 1915), Miss Mae Collins (St. Joseph's Hospital, 1923), and Miss Gertrude Balatti (St. Joseph's Hospital, 1923) are on the staff at St. Luke's Hospital, Seattle.

Mrs. Toms (Marjorie Fleming, St. Joseph's Hospital, 1918) has been seriously ill in St. Joseph's Hospital, but has sufficiently recovered to return to her home.

Miss Margaret McNeil (St. Joseph's Hospital, 1923) is taking a post-graduate course at the Neurological Institute, New York.

New Westminster

Miss Wilson, R.N., graduate of the University course, Vancouver General Hospital, 1924, has been appointed Instructress of Nurses at the Royal Columbian Hospital.

Miss Switzer, R.N. (Royal Columbian Hospital, 1923), has accepted a position in the hospital at Burlington, Wash.

Miss Wood, R.N., has been appointed to the staff in the Northern Pacific Railway Hospital at Tacoma, Wash.

Miss McDonald (R.C.H., 1923) has accepted a position in the offices of Drs. McEwen, Wilson, McEwen & Purvis.

Mrs. Lee (Audrey Lewis, R.C.H.), of Salem, Wash., is spending the summer in New Westminster.

Miss Cannon (V.G.H.) has recently been appointed Night Supervisor at the R.C.H.

Miss Estabrooks, R.N. (R.C.H., 1923), is now on the staff at Riverton Sanitarium, Seattle, Wash.

Miss Bawtinheimer, R.N. (R.C.H., 1923), is on the staff of the hospital at Quesnel, B. C.

Miss Bassett is relieving Miss Swanburg, R.N., Matron of Coquitlam Hospital, who is having extended leave.

Miss Diederichs, R.N. (St. Paul's Hospital, Vancouver), has resigned her position at St. Mary's Hospital, New Westminster, to accept the position of Instructress of Nurses at St. Eugene's Hospital, Cranbrook, B. C.

BIRTHS

Graham—At Bowesville, May 2nd, 1924, to Mr. and Mrs. Edward Graham (Ada Redmond, O.G.H., 1919), a daughter.

Farmer—At London, England, July 29th, 1924, to Mr. and Mrs. A. H. Farmer (Dorothy Sanderson, Royal Victoria Hospital, 1916), a son.

Shaver—On July 8th, 1924, to Mr. and Mrs. G. A. Shaver (Nellie Hough, Cornwall General Hospital, 1920), a daughter.

Taylor—At Ernfold, Sask., on June 19th, 1924, to Mr. and Mrs. E. Taylor (Beth Hennan, Calgary General Hospital, 1922), a son.

Thomson—At the Royal Inland Hospital, Kamloops, B. C., February 6th, 1924, to Mr. and Mrs. J. Thomson (Nursing Sister Nina F. Sharp, Montreal General Hospital), a daughter.

MARRIAGES

Beard-Izard—At Ottawa, Ont., August 12th, 1924, Marie Beard (Royal Victoria, 1922) to Mr. G. W. Izard. Mr. and Mrs. Izard will reside in Nigeria, West Africa.

Bigelow-Coulson—At St. James' Methodist Church, Montreal, Que., August 6th, 1924, Florence M. Bigelow (Royal Victoria Hospital, 1921) to R. B. Coulson, M.D., of Port Arthur, Ont., formerly of Montreal.

Browne-McRae—At Belfast, Ireland, May 28th, 1924, Jean McRae, R.N. (Royal Columbian Hospital, New Westminster, B. C., 1916) to Mr. A. H. Browne, of Cork, Ireland.

Corke-Greene—At Vancouver, B. C., May 17th, 1924, Ermenilda Greene (St. Joseph's Hospital, Victoria) to Mr. Harold Corke, of Vancouver, B. C.

Dickson-Nash—At Ottawa, Ont., June, 1924, Anna E. R. Dickson (Royal Victoria Hospital, 1918) to Charles Nash, of the staff of the Bank of Montreal, Ottawa, Ont.

Foster-Snetsinger—At Newington, Ont., July 10th, 1924, Lola Snetsinger (Cornwall General Hospital, 1920) to Mr. Miles Foster, Berwick, Ont.

McEwen-Currie—At Glasgow, Scotland, July 3rd, 1924, —— Currie, R.N. (Royal Columbian Hospital, New Westminster, B. C.) to Mr. D. McEwan, of Glasgow.

McLean-Farling—At North Williamsburg, Ont., June 25th, 1924, Hazeldean Darling (Cornwall General Hospital, 1918) to Alexander McLean, Almonte, Ont.

McLean-Stinson—In Seattle, Wash., June 17th, 1924, Louise Priscilla Stinson (General Hospital, Port Arthur, Ont.) to Mr. Philip McLean, of Merritt, B. C.

Mercer-Rowe—At Port Credit, Ont., June 25th, 1924, Mildred Rowe (General and Marine Hospital, Owen Sound, Ont.) to Mr. R. J. Mercer, Chilliwack, B. C.

Moffette-Patry—At Ottawa, May 15th, Anna Moffette (O.G.H., 1920) to Anthony Patry, of Bouchette, Que.

Phalen-McGregor—At Detroit, on July 2nd, 1924, Miss M. McGregor (Women's College Hospital, Toronto, 1922) to Mr. P. Phalen, of Detroit, Mich.

Power-MacCanse—At Winnipeg, June 16th, 1924, Kathleen Winifred Power (Royal Victoria Hospital, 1922) to Lorne MacCanse, of Calgary, Alta.

Ross-Boyd—In Knox Church, Hamilton, July 17th, 1924, Mamie Boyd (Hamilton General Hospital) to Mr. George H. Ross, of Craigmyle, Alberta.

Shoup-Jensen—At Dunsmuir, Cal., January 5th, 1924, Anna Jensen (Cornwall General Hospital, 1922) to Mr. Eugene H. Stoup, Dunsmuir, Cal.

Watson-Taylor—On June 18th, 1924, at St. Andrews' Presbyterian Church, New Westminster, B. C., by Rev. J. S. Henderson, Jean Taylor, R.N. (Royal Columbian Hospital, New Westminster, B. C.) to Mr. Robert Murray Watson, of New Westminster, B. C.

Wight-Bethune—At St. Matthias' Church, Westmount, Montreal, Que., on August 14th, 1924, Gladys Ann Bethune (Royal Victoria Hospital, 1923) to Norman Clare Wight.

Graduate Nurses' Association of British Columbia

Incorporated 1918.

An examination for Registered Nurses' Certificates in British Columbia will be held in accredited training schools of the Province on November 5th, 6th and 7th, 1924.

Names of candidates wishing to write must be in the office of the Registrar not later than October 5th, 1924.

Full instructions to candidates may be obtained from Registrar, or at the hospital, where examinations are to be held.

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Assistant night supervisor; 100-bed Connecticut Hospital; good hours; starting salary $90 per month, including full maintenance. No. 114, Aznoe's Central Registry for Nurses, 30 North Michigan, Chicago. New Britain General Hospital, New Britain, Conn.

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Two graduate nurses for night duty in 50-bed hospital in Ohio city; salary $90.00 per month, with maintenance; short hours; good opportunity. No. 136, Aznoe's Central Registry for Nurses, 30 North Michigan, Chicago.

WANTED

General duty nurse, Protestant; 25-bed hospital; salary, $85 per month, including maintenance; 2 hours' ride from Chicago. No. 150, Aznoe's Central Registry for Nurses, 30 North Michigan, Chicago.

WANTED

Two general night duty nurses for a 30-bed hospital; short distance from New York City; salary $90, including maintenance. No. 128, Aznoe's Central Registry for Nurses, 30 North Michigan, Chicago.

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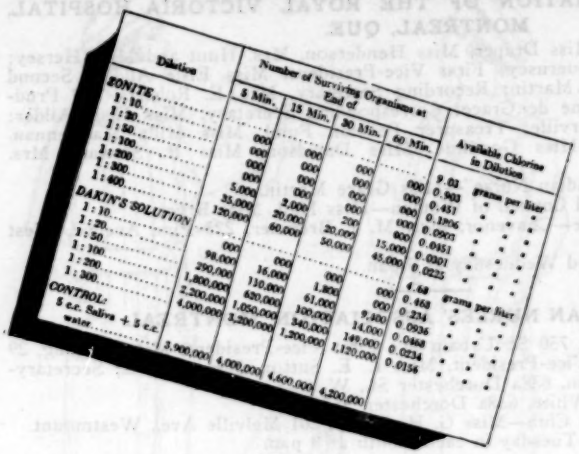

Dilution	Number of Surviving Organisms at End of 5 Min.	15 Min.	30 Min.	60 Min.	Available Chlorine in Dilution
ZONITE					9.02 grams per liter
1:10	000	000	000	000	0.903 " " "
1:20	000	000	000	000	0.451 " " "
1:50	000	000	000	000	0.1805 " " "
1:100	000	000	000	000	0.0903 " " "
1:200	5,000	000	000	000	0.0451 " " "
1:300	35,000	3,000	000	000	0.0301 " " "
1:400	120,000	20,000	200	000	0.0225 " " "
DAKIN'S SOLUTION		60,000	20,000	000	
1:10	000		26,000	15,000	4.68 grams per liter
1:20	90,000	000		45,000	0.468 " " "
1:50	290,000	16,000	000		0.234 " " "
1:100	1,800,000	110,000	1,800	000	0.0936 " " "
1:200	2,200,000	620,000	61,000	9,400	0.0468 " " "
1:300	4,000,000	1,050,000	300,000	14,000	0.0234 " " "
CONTROL:		3,200,000	340,000	149,000	0.0156 " " "
5 c.c. Saliva + 5 c.c. water	3,900,000	4,000,000	1,200,000	1,120,000	
			4,600,000	4,200,000	

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Regular Meeting—Third Wednesday of each month.

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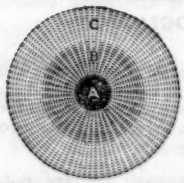

Diagram represents inflamed area. In zone "C" blood is flowing freely through underlying vessels. This forms a current away from the Antiphlogistine, whose liquid contents, therefore, follow the line of least resistance and enter the circulation through the physical process of endosmosis. In zone "A" there is stasis, no current tending to overcome Antiphlogistine's hygroscopic property. The line of least resistance for the liquid exudate is therefore, in the direction of the Antiphlogistine. In obedience to the same law exosmosis is going on in this zone, and the excess of moisture is thus accounted for.

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Supervised practice and individual instruction during the

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- Pre-Natal
- Postpartum
- Deliveries

Full credit is given by public health organizations for the time spent in this Out-Patient Department.

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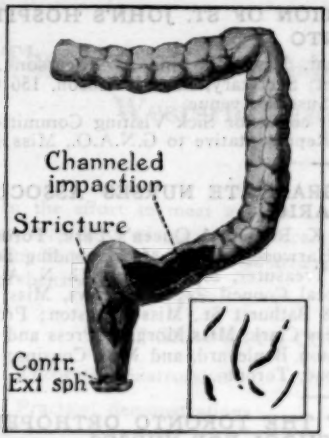
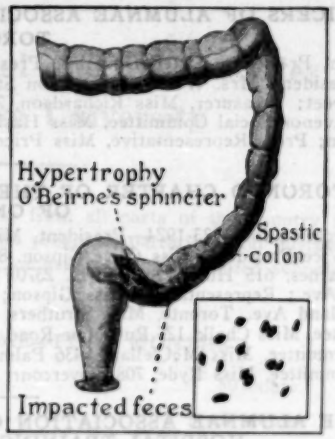


Penciled Stool—In spastic bowel, stenosis, channeled fecal impaction and contracted external sphincter.



Sheep-like Stool—In spastic bowel, hypertrophied O'Beirne's sphincter, tumor and impacted feces.

The Feces as an Aid in Diagnosis

EXAMINATION of feces is a valuable aid in diagnosis, says a prominent gastro-enterologist.

Size is no criterion of normalcy. Since over 90% of the dried stool is bacteria, a copious evacuation may even be a sign of colonic disease, i.e., typhoid.

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Mucus indicates intestinal inflammation.

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Nujol, the ideal lubricant, is the *therapeutic common denominator* of all types of constipation. Microscopic examination shows that a lubricant that is too heavy fails to permeate the feces, and one that is too light tends to produce seepage. Exhaustive clinical tests show the viscosity of Nujol is physiologically correct and in accord with the opinion of leading medical authorities.

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Incorporated 1908.

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Sick-Visiting Committee—Miss Cockburn, Miss Summers and Miss Ethel Gray.

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Representative to "Canadian Nurse"—Miss Fagan, 49 Spadina Avenue.

Representatives to Local Council of Women—Miss Nally, 213 Cannon Street, East; Miss Egan, Alexander Apartments, King Street, East.

Sick Committee—Miss Brunning, 168 Walnut Street; Miss Weishar, 55 Catharine Street, South.

Representative to Central Registrar—Miss Murray, 21 Gladstone Avenue.

Executive Committee—Miss Boyes, 17 East Avenue, South; Miss Grant, Alexander Apartments, King Street, East; Miss Blatz, 179 Charlton Avenue, East; Miss Cartmell, 179 Charlton Avenue, East; Miss Himmen, 168 Walnut Street, South.

Corresponding Secretary—Miss Bedford, 2 Holden Apartments, Barton Street, East.

Private Duty Nurse Representative—Miss Murray, 21 Gladstone Avenue.

HAMILTON CHAPTER OF THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

Chairman, Miss H. McDonald, 38 Herkimer; Vice-President, Miss G. Fairley, General Hospital; Secretary, Miss B. Aitken, 549 Main St., E.; Treasurer, Miss Crane, 24 Rutherford.

Executive Committee—Miss Carrol, 774 King, E.; Miss Aldred, 99 West Ave.; Miss Shepherd, 71 Wellington, S.

Representatives to Local Council of Women—Miss Moran, 405 King, E.; Miss Sadler, 100 Grant Ave.

ALUMNAE ASSOCIATION OF THE OWEN SOUND GENERAL AND MARINE HOSPITAL

Honorary President, Miss J. K. McArthur; President, Miss Sein, 860 Third Avenue, E., Owen Sound, Ont.; 1st Vice-President, Miss Lynn; 2nd Vice-President, Miss O. Stewart; Secretary-Treasurer, Miss Edna Johnson, G. & M. Hospital, Owen Sound.

Sick Visiting Committee—Miss Rusk (Convenor), Mrs. F. Garrett, Mrs. D. McMillan. Private Duty Committee—Miss A. Sitzer, 531 Third Avenue, Owen Sound.

Programme Committee—Miss O. Stewart (Convenor), Miss I. Forhan, Miss E. Webster. Press Representative—Miss D. Findlay.

THE ALUMNAE ASSOCIATION OF THE HAMILTON GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES

Honorary President, Miss Grace Fairley, Hamilton General Hospital; President, Miss Minnie Pegg, 80 Grant Avenue; Vice-President, Miss Isabelle McIntosh, 353 Bay Street, South; Secretary, Miss Nora McPherson, Hamilton General Hospital; Treasurer, Miss Fish, Hamilton General Hospital; Corresponding Secretary, Miss Godden, Hamilton General Hospital.

"Canadian Nurse" Correspondent—Miss R. Burnett, 33 Spadina Avenue.

Executive Committee—Miss Mary Kennedy, 597½ King Street, East; Miss C. Waller, 597½ King Street, East; Miss A. Kerr, 83 Grant Avenue; Miss C. Kerr, 83 Grant Avenue; Miss Blanche Binkley, 30 Ontario Avenue.

Representatives to National Council of Women—Miss E. Taylor, 35 West Avenue, South; Miss Burnett, Miss B. Aitken.

Representatives to Central Registry—Miss A. Kerr, Miss Binkley, Miss Waller, and Miss Elsie Maine.

Sick Committee—Miss A. P. Kerr, Miss M. E. Dunlop, Miss R. Burnett, Miss Ainslie, and Miss Kate Peart.

ALUMNAE ASSOCIATION OF THE BRANTFORD GENERAL HOSPITAL

Hon. President, Miss M. Forde, R.N., 91 William Street, Brantford; President, Miss Vera Forsythe, General Hospital, Brantford; Vice-President, Miss A. Hough, General Hospital, Brantford; Secretary, Miss A. Hardisty, 124 Dundas Street, Brantford; Assistant Secretary, Miss B. Trumper, General Hospital, Brantford; Treasurer, Miss Helen Potts, General Hospital, Brantford; Assistant Treasurer, Miss E. Bunn, 112 West Street, Brantford.

Flower Committee—Miss H. Doeringer, 67 Sheridan Street, Brantford; Miss J. Wilson, 59 Dufferin Avenue, Brantford.

Gift Committee—Mrs. H. Houlding, 84 Dufferin Ave., Brantford; Miss C. McMaster, 121 Market Street, Brantford.

"Canadian Nurse" Representative—Miss Gladys Westbrooke, 267 Park Ave., Brantford.

Social Convenor—Mrs. M. Matthews, 16 Arthur Street, Brantford.

ALUMNAE ASSOCIATION OF THE MACK TRAINING SCHOOL, GENERAL AND MARINE HOSPITAL, ST. CATHARINES, ONT.

Honorary President, Miss L. Uren, C. and M. Hospital, St. Catharines; President, Mrs. Parnell, 124 Lake Street, St. Catharines, Ont.; Vice-President, Miss Marriott, Berryman Avenue; Secretary, Miss E. Rawlings, G. and M. Hospital; Treasurer, Mrs. W. Durham, R.R. No. 4; Auditors, Miss A. Calvin and Miss F. L. Cowley.

"Canadian Nurse" Magazine Representative—Miss E. M. Armbrust.

Programme Committee—Misses A. Moyer, M. Stevens, F. Cowley, A. Calvin, B. Kennedy, and Mrs. Leo Brett.

Regular Meeting—Last Tuesday, 2.30 p.m.

THE ALUMNAE ASSOCIATION OF THE AMASA WOOD HOSPITAL TRAINING SCHOOL FOR NURSES, ST. THOMAS, ONTARIO

Hon. President, Miss L. Weldon; Hon. Vice-President, Miss L. Armstrong; President, Miss L. Crane; Vice-President, Miss Y. Birt; Secretary, Miss L. Parker; Treasurer, Mrs. R. W. Stevenson.

Executive Committee—Misses Vollett, Bennett, Bell, Grant and Coulthard.

Representative to "Canadian Nurse"—Miss H. Hastings.

SARNIA GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss K. Scott, Superintendent S.G.H.; President, Miss M. Lee; Secretary, Mrs. H. Shanks, London Road, Sarnia; Treasurer, Miss Noble; Correspondent for "Canadian Nurse," Miss J. B. Taylor, R.R. No. 2, Camlachie, Ont.

THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, CHATHAM, ONTARIO

Honorary President, Sister M. Baptist; Honorary Director, Sister M. Paschal; President, Miss Hazel Gray; Vice-President, Miss F. Richardson; Secretary, Miss U. Gormly, Wallaceburg, Ont.; Treasurer, Miss Delorme, Chatham.

Representative to "Canadian Nurse" Magazine—Miss Anna Curry.

Sick-Visiting Committee—Mrs. Patterson, Misses McIlgargey and E. Mann.

Regular Meeting—First Monday of each month.

THE THUNDER BAY GRADUATE NURSES' ASSOCIATION, FORT WILLIAM AND PORT ARTHUR, ONT.

Hon. President, Mrs. J. E. Cook; Hon. Member, Sister Francis; President, Miss M. Milne, Port Arthur; Hon. Vice-President, Mrs. B. M. Harvey; 1st Vice-President, Miss S. M. McDougall, Port Arthur; 2nd Vice-President, Mrs. W. J. Sterrett, Port Arthur; 3rd Vice-President, Mrs. Hancock, Fort William; Secretary, Miss Eva Hubman, Fort William; Treasurer, Miss T. E. Gerry, Fort William.

Social Committee—Mrs. O'Leary, Mrs. W. Young, Misses Saunders and Wocker.

Visiting and Flowers Committee—Mrs. Wark, Mrs. Morton, Mrs. Edwards, Mrs. Millar and Miss Forbes.

Private Duty—Miss Fortune, Miss C. M. McLeod.

Membership Committee—Miss McDougall, Mrs. Wark, Miss Saunders, Mrs. Millar.

"Canadian Nurse" Representatives—Mrs. McCallum, Port Arthur; Mrs. Edwards, Fort William.

THE ALUMNAE ASSOCIATION OF THE WOODSTOCK GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss Frances Sharpe; President, Miss Gladys Mill, R.N.; Vice-President, Miss Winnifred Higgins, R.N.; Recording Secretary, Miss M. H. Mackay, R.N.; Assistant Secretary, Miss Annie Hill, R.N.; Corresponding Secretary, Miss Gladys Jefferson, R.N.; Treasurer, Miss Evelyn Pears, R.N.

Regular Monthly Meeting—Second Monday, 8 p.m.

THE ALUMNAE ASSOCIATION OF ORILLIA SOLDIERS' MEMORIAL HOSPITAL

Honorary President, Miss Eleanor Johnston, R.N., O.S.M.H.; President, Miss S. V. McKenzie, R.N., Orillia; First Vice-President, Miss M. Harvie, R.N., O.S.M.H.; Second Vice-President, Miss M. Glennie, R.N., Orillia; Secretary-Treasurer, Miss G. Went, R.N., Orillia; Recording Secretary, Miss M. Dundas, R.N., O.S.M.H.

Directors—Miss Glennie, R.N.; Miss Gray, R.N.; Miss Mae Lelland, R.N.

Visiting Committee—Miss G. Dridenhoffer, R.N.; Miss Garvey, R.N.; Miss Harvie, R.N.

Programme Committee—Miss Newton, R.N.; Miss Hart, R.N.; Miss Towle, R.N.

Regular Meeting—First Thursday in each month.

THE SAULT STE. MARIE GENERAL HOSPITAL ALUMNAE ASSOCIATION.

Honorary Director, Rev. Sister Acyndina; President, Miss M. Delaney; First Vice-President, Mrs. O'Driscoll; Second Vice-President, Miss S. Kehoe; Secretary-Treasurer, Miss F. Allerdice, General Hospital, Sault Ste. Marie, Ont.

THE ALUMNAE ASSOCIATION OF ST. BONIFACE HOSPITAL, ST. BONIFACE, MANITOBA

Honorary President, Sister Gallant, St. Boniface Hospital; Honorary Vice-President, Sister Lettellier, St. Boniface Hospital; President, Miss Alice Chafe, Deer Lodge Convalescent Hospital; second Vice-President, Mrs. A. D. McLeod, Deer Lodge Convalescent Home; Secretary, Miss L. McEwan, 277 Toronto St., Winnipeg; Secretary, Miss Stella Gordon, 251 Stradbrooke St.; Treasurer, Miss Theresa O'Rourke, 119 Donald St.

Convenor of Social Committee—Mrs. W. G. Montgomery, 14 Congress Apts.

Convenor of Refreshment Committee—Miss B. Foster, c-o McLean-Gunn Clinic.

Convenor of Sick Visiting Committee—Miss A. Bresman, 753 Wolseley Ave.

Representative to Press—Miss J. McDonald, 753 Wolseley Ave.

Representative to Nurses' Directory—Miss A. C. Starr.

THE MANITOBA ASSOCIATION OF GRADUATE NURSES

President, Miss Elsie Wilson, 798 Grosvenor Avenue, Winnipeg; First Vice-President, Miss Mary Marton, Winnipeg General Hospital; Second Vice-President, Mrs. Darragh, Brandon; Third Vice-President, Rev. Sister Gallant; Treasurer, Miss Wilkins, St. Boniface Hospital, 753 Wolseley Ave.; Recording Secretary, Miss Elizabeth Carruthers, 753 Wolseley Ave.; Corresponding Secretary, Miss Stella M. Gordon, 251 Stradbrooke Ave., Winnipeg.

THE GRADUATE NURSES' ASSOCIATION OF BRANDON

Hon. President, Miss Birtles, Alexander, Manitoba; President, Mrs. R. Darrach, 431 Victoria Ave., Brandon; First Vice-President, Miss M. Gemmell, 253 16th St., Brandon; Second Vice-President, Mrs. G. Howat, 22 Imperial Apartments, Brandon; Registrar, Miss C. McLeod, Superintendent, Brandon General Hospital; Treasurer, Miss Finlayson, Brandon General Hospital; Secretary, Miss Sotthart.

Social Convenor—Miss Sutherland, Victoria Ave., Brandon.

Sick Visitor—Mrs. Pierce, 1608 Lorne Ave., Brandon.

Press Representative—Mrs. W. W. Kidd, 14 Imperial Apartments, Brandon.

THE GRADUATE NURSES' ASSOCIATION OF MOOSE JAW, SASK.

Honorary Advisory President, Mrs. Harwood, 430 Athabaska W.; Honorary President, Mrs. Humber, 662 Stadacona W.; President, Miss H. Riddell, 813 Second N.E.; 1st Vice-President, Miss Eisele, Superintendent General Hospital; 2nd Vice-President, Miss Shepherd, York Hospital; Secretary-Treasurer, Miss C. M. Kier, Y.W.C.A.; Press Representative, Mrs. Lydiard, 329 Third N.E.; Social Service Committee, Mrs. Hedley, 1155 Grafton; Convenor Finance Committee, Miss Lind, 176 Hochelaga W.; Convenor Educational Committee, Mrs. Metcalf, 37 Hochelaga W.; Convenor Social Committee, Miss Clarke, General Hospital; Convenor Registration Committee, Miss L. Wilson, 1159 Alder Avenue; Convenor of Constitution and By-laws Committee, Miss Hunter, Cottage Hospital.

SASKATCHEWAN REGISTERED NURSES' ASSOCIATION

Incorporated March, 1917

President, Miss Ruby Simpson, Dept. of Education, Regina; First Vice-Pres., Miss S. A. Campbell, City Hospital, Saskatoon; 2nd Vice-Pres., Miss C. M. Keir, City Health Dept., Moose Jaw; Councillors: Miss C. E. Guillod, General Hospital, Maple Creek; Miss Helen M. Longworthy, 2035 Hamilton St., Regina; Sec.-Treas., Miss M. F. Gray, 2331 Victoria Av., Regina, Sask.

MEDICINE HAT GRADUATE NURSES' ASSOCIATION

President, Miss E. M. Auger, General Hospital; First Vice-President, Mrs. John Hill, 268—8th St., S.E.; Second Vice-President, Mrs. F. W. Gershaw, 826—2nd St., S.E.; Treasurer, Miss A. L. MacPherson, General Hospital; Secretary, Miss E. G. McNally, General Hospital.

Executive Committee—Mrs. H. C. Dixon, 816—2nd St., S.E.; Mrs. R. Hayward, 241—3rd St., S.E.; Miss A. Nash, Isolation Hospital.

Flower Committee—Mrs. C. A. Anderson, 335—1st St., S.E.

"Canadian Nurse" Correspondent—Miss M. Davidson, 27—4th St., S.W.

"Canadian Nurse" Representatives—Mrs. R. Hayward, 241—3rd St., S.E.; Miss E. G. McNally, General Hospital.

Regular Meeting—First Monday in each month.

CALGARY ASSOCIATION OF GRADUATE NURSES

Honorary President, Mrs. Stuart Brown, 2417—14th Ave., W.; President, Mrs. A. H. Calder, 510—10th St., W.; First Vice-President, Miss Dewar, 326—18th Ave., W.; Second Vice-President, Miss Willison; Recording Secretary, Miss Fraser; Corresponding Secretary, Miss Olin, 2012 Second St., W.; Treasurer, Miss N. B. D. Hendrie, 811 Nineteenth Ave., W.; Registrar, Miss M. E. Cooper, 1412 First St., W.

Delegates to L.C.W.—Mrs. R. P. Stuart, Miss Agnes Kelly, and Miss Dewar.

Sick Committee—Misses Ashe and Ballard.

Finance Committee—Misses Agnes Kelly and Maclear.

Books Committee—Misses Quance and McLear.

Entertainment Committee—Miss Cooper.

Committee for "Canadian Nurse" Magazine Subscriptions—Misses Cooper and Phillips.